Preliminary Update

Missouri Department of Mental Health
Strategic Plan: 2008-2013

November 2008

Matt Blunt
Governor

Keith Schafer, Ed. D.
Director

***NOTE*: The Strategic Plan is undergoing internal review by the Mental Health Commission and staff of the Department of Mental Health. A final copy will be posted in the spring of 2009.**

Table of Contents

Introduction and Overview

The Missouri Department of Mental Health (DMH) was established as a cabinet-level state agency in 1974 by the Omnibus State Government Reorganization Act. State law provides three principal missions for the department: 1) prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; 2) treatment, habilitation, and rehabilitation of Missourians with those conditions; and 3) improvement of public understanding and attitudes about them.

A seven-member Missouri Mental Health Commission serves as the principal policy oversight body to the department director.

The department is comprised of three program divisions, one statutorily created office, and support offices.

- *The Division of Alcohol and Drug Abuse* provides services in four program areas: substance abuse prevention, substance abuse treatment, compulsive gambling counseling, and the Substance Abuse Traffic Offenders Program.
- *The Division of Comprehensive Psychiatric Services* operates psychiatric facilities and the Missouri Sexual Offender Treatment Center, and contracts with a network of community mental health centers.
- *The Division of Developmental Disabilities* operates six habilitation centers and 11 regional offices in addition to contracting with community service providers.
- *The Office of Comprehensive Child Mental Health* provides leadership in developing and implementing the Comprehensive Children's Mental Health Services Plan and provides technical assistance and training to all departments participating in the Comprehensive Children's Mental Health Service System.

The department also established *The Office of Transformation* to address concerns regarding the state's mental health service delivery system. The State of Missouri was awarded a Mental Health Transformation Grant by the Substance Abuse and Mental Health Services Administration for five years, effective October 2006.

Current Environment

Strengths

- The department's executive team, comprised of experienced leaders in the mental health field, is well established and operates effectively.

- The Department of Mental Health annually serves over 170,000 Missourians with mental illness, developmental disabilities, and addictions. The Department is a safety net for the state's most vulnerable citizens and their families.
- The Fiscal Year 2009 budget was a positive growth year for mental health services, with an overall growth of 5.03% which included a 3% COLA for community providers.
- Missouri ranks 8th in the country for competitive grant funding from the Substance Abuse and Mental Health Services Administration with grants totaling over $24 million. The Missouri Institute of Mental Health plays a key role in assisting the Department with grant development and administrative functions.
- The DMH and MO HealthNet Partnership Initiative improved prescribing practices for psychiatric medications for enrollees and saved $36 million per year off projected growth trends. The Initiative is nationally recognized and is the only state program to have won the American Psychiatric Association Bronze Achievement Award.
- The Division of Alcohol and Drug Abuse was awarded its second Access to Recovery (ATR II) grant in October, 2007. ATR II builds upon the success of the first project by improving and expanding a statewide voucher system that affords genuine, free, and independent choice among a diverse group of clinical treatment and recovery support providers.
- The Division of Developmental Disabilities' collaborative efforts with the Thompson Center for Autism and Neurodevelopmental Disorders at the University of Missouri, Columbia and the Kennedy Krieger Institute at John Hopkins University in Baltimore, Maryland has resulted in Missouri being recognized as a national leader in the area of autism research and services, as well as the development of an Autism Registry through the Interactive Autism Network (IAN)-MO project.
- The Substance Abuse and Mental Health Services Administration, federal funding agency, has approved the Office of Transformation's Comprehensive Plan for Mental Health and its Needs Assessment Resource Inventory Report. Missouri was recognized for being the only Transformation state covering the three key populations served by DMH and its sister agencies. Implementation of key priorities began on July 1, 2008.
- The Customer Information Management, Outcomes and Reporting system (CIMOR) was launched in October 2006 in the Division of Alcohol and Drug Abuse. The CIMOR system continues to be developed and enhanced by staff of the Office of Administration's Information Technology Services Division to allow for department wide implementation in the future. This system will improve access to accurate and timely data for the department and its stakeholders.

- DMH was awarded a $1.2 million veteran's homeless transitions grant. St. Patrick's Center, St. Louis, will oversee the grant which will be a great asset to the St. Louis area and its efforts to reduce homelessness.

Challenges

The department has faced significant challenges in recent years.

- DMH continues to work aggressively to make improvements and establish systems to protect the safety of those it serves. These efforts are guided by 2006 reports generated by the Mental Health Commission and the Mental Health Task Force created by Executive Order of Governor Blunt. An annual safety report documents progress toward accomplishing the recommendations contained in these reports and can be found at: http://www.dmh.mo.gov/spectopics/SafetyReport08.pdf
- Consumers do not have timely access to mental health services due to long waiting lists for services and supports in each of the Department's three operating Divisions.
    - Due lack of adequate funding, DMH-contracted community mental health centers turn away 2,000 people per month in need of treatment services who are without insurance or MO HealthNet coverage.
    - Only 8% of the estimated 485,000 Missourians with substance abuse problems were treated by the Division of ADA in FY 2007.
    - DD case managers have caseloads as high as 70 clients in many areas of the state and 4,500 eligible individuals still await DD in-home or community residential services.
- Missouri's mental health workforce is critically low, resulting in substantial vacancies and high turnover rates in both state-run facilities and contracted community agencies, impacting access to service, staff to consumer ratios, as well as safety of both consumers and staff.
- The Department's psychiatric facilities continuously operate either above patient or staff capacity. Long-term care facilities and the sexual offender treatment center are particularly strained because of census pressures and inadequate (or absent) community alternatives, along with limited ability to control admissions and discharges. Both acute and long-term care facilities are significantly pressured by their inability to recruit and retain sufficient numbers of psychiatrists and registered nurses, diminishing their capacity to operate the beds they have.
- DMH contracted community providers serve 95% of all consumers, however, reimbursement rates have not kept pace with inflation. Community providers struggle to meet costs for food, fuel, insurance, and proper staffing.

- The Department must transform its current system from crisis-driven care toward a public health approach that emphasizes wellness, prevention, disease management, and early intervention. The current system is limited to costly, "deep-end" behavioral services available only to the sickest Missourians, predominately those that are MO HealthNet eligible.

The Future

- The department must explore options for creating community partnerships for conversion of its state-operated programs and functions.
- The department's programs and services must be better prepared to accommodate a Missouri citizenry that is increasing in diversity. Hispanic and Bosnian populations in particular have seen significant growth.
- There will be increasing numbers of older adults—not only in the general population but in the department's long-term care facilities and community programs. The department must meet this challenge.
- The department must be prepared to serve Veterans returning to Missouri from the Iraq-Afghan Wars, and their families, given high rates of post-traumatic stress disorder, suicidality, familial stress, and related problems.
- Federal defense funding will flatten or even reduce dollars in federal grant programs for services to persons with mental illness, developmental disabilities, and substance abuse disorders. The department must tap alternative funding sources.
- The department must explore opportunities to integrate its services with other state human service agencies, including the Departments of Health and Senior Services, Social Services, Corrections, and Elementary and Secondary Education.
- There will be an increased focus on meeting the medical needs of DMH consumers.
- There will be a major impact on the department's human resources as a result of retirements.

The Strategic Plan

This plan describes the strategic vision for the Department of Mental Health for the next five years. Chapter 1 addresses the department's mission, vision, values and 2008-2013 strategic themes. Chapter 2 includes departmentwide initiatives in the areas of consumer safety, workforce and leadership development, data-based decision-making, and communications. Chapters 3, 4, and 5 describe the goals of the three operating divisions—ADA, CPS, and DD—while Chapter 6 presents those of the Office of Comprehensive Child Mental Health. Chapter 7 describes the collaboration by the Office of Transformation with the federal government over the next four years to transform Missouri's mental health service delivery system.

There are several areas not explicitly addressed in the current plan that are nonetheless critical to the department and the people it serves. These areas will receive significant attention in the coming months as part of an expansion of this plan:

- Prevention Across the Department. Although prevention is among the department's three primary missions, budgetary appropriations for it have historically been limited to the Division of Alcohol and Drug Abuse, where there is a requirement that it be funded with 20% of the federal Substance Abuse Prevention and Treatment Block Grant, and the Division of Comprehensive Psychiatric Services, with its Suicide Prevention grant. Working with the Mental Health Commission, advisory councils, and other stakeholders, the department must determine whether and how to expand prevention activities.

- Consumer Housing. The department's Housing Team assists Missourians challenged by mental illness, addiction, and developmental disabilities in obtaining and maintaining safe, decent and affordable housing. Housing is key to helping consumers and families achieve self-determination.

- Consumer Employment. Like housing, employment to the fullest extent possible is critical to stability, recovery, and self-determination.

- Deaf Services. The department hosts an Office of Deaf Services that assists persons with mental illness, addiction, or developmental disabilities that are deaf or hard of hearing. The office is responsible for coordinating mental health service delivery to deaf consumers and assisting with any needed accommodations to assure culturally appropriate services in the least restrictive environment.

- Electronic Health Information System. The department will not only continue to refine the CIMOR system but will move toward an electronic health record that is both internally and externally integrated. Intermediate steps include web-based screening tools, electronic medication administration and bar-coding, and may also include a personal electronic health record system that is part of the Network of Care Web Site.

- Transparency. The department will move toward increasing transparency in its findings and deliberations. In particular, it will work with its stakeholders to explore provider report cards, posting licensure and certification reports online, and web-based communications (e.g., blogging).

The Department of Mental Health is pleased to present its strategic plan and welcomes comments or suggestions.

Chapter 1.
Mission, Vision, Values and 2008-2013 Strategic Themes

Mission

The mission of the Department of Mental Health is established in state law (RSMo 630.020):

> The department shall seek to do the following for the citizens of this state:
>
> 1. Reduce the incidence and prevalence of mental disorders, developmental disabilities and alcohol or drug abuse through primary, secondary and tertiary prevention;
> 2. Maintain and enhance intellectual, interpersonal and functional skills of individuals affected by mental disorders, developmental disabilities or alcohol or drug abuse by operating, funding and licensing modern treatment and habilitation programs provided in the least restrictive environment possible;
> 3. Improve public understanding of and attitudes toward mental disorders, developmental disabilities and alcohol and drug abuse.
>
> The department shall make necessary orders, policies and procedures for the government, administration, discipline and management of its facilities, programs and operations.

Prevention, Treatment, and Promotion of Public Understanding for Missourians with Mental Illnesses, Developmental Disabilities, and Addictions.

Vision

The DMH vision was updated in 2008 to reflect the values and beliefs of the consumers and family members served by the Department of Mental Health.

Missourians receiving mental health services will have the opportunity to pursue their dreams and live their lives as valued members of their community.

Values

Community Inclusion – Missourians who participate in mental health services are welcomed and equally included in education, work, housing, and social opportunities in their communities.

Accessible, Safe, Affordable, and Integrated Services – Missourians with mental health needs easily access safe, affordable, and integrated medical and behavioral services.

Partners in Personal Service Design – Missourians participating in mental health services are active partners in designing their services and supports.

Effectiveness Measured by Participant Outcomes – The effectiveness of Missouri's mental health services is measured by meaningful outcomes experienced by the people receiving them.

Valued and Motivated Staff – Missourians receive mental health services from competent, motivated, and highly valued staff serving as effective stewards of the public trust.

Prevention and Early Intervention – Emphasizing prevention and early intervention strategies avoids or minimizes the mental health problems of Missourians.

Respected Unique Participant Characteristics – Missourians participating in mental health services are valued for their uniqueness and diversity and respected without regard to age, ethnicity, gender, race, religion, sexual orientation, or socio-economic condition.

The Department of Mental Health sets the following key strategic themes as the foundation for its strategic plan over the next five years:

1. **"Do No Harm."** DMH must optimize consumer safety in all its services. Consumers and their families must not fear greater risk of harm from DMH services than the condition that caused them to seek help from DMH.

2. **Strong Consumer/Family Voice.** Consumers and their families must have a strong voice in DMH program design and evaluation, and greater control of their individual treatment processes.

3. **Medical and Behavioral Service Integration.** DMH must focus care coordination on consumers' behavioral and medical conditions for better health outcomes.

4. **Missouri Child Mental Health Leadership.** DMH must facilitate Missouri's interdepartmental vision and action to address child mental health needs.

5. **Data-Based Decision-Making.** DMH must use data analytics for consumer risk prediction, program decision-making, and outcomes evaluation.

6. **Strong Local DMH Service Systems.** DMH must develop and support strong local service systems accountable for the full continuum of care.

7. **Mental Health Workforce and Leadership Development for the Future.** DMH must develop and mentor future state and local mental health leaders. Key efforts must be made in the areas of employee training, professional development, and leadership succession.

Chapter 2.
Departmentwide Initiatives

The Department of Mental Health has identified key initiatives that span all of its offices and divisions. Specific goals, strategies and performance measures are identified in the areas of:

- Consumer Safety
- Workforce and Leadership Development
- Data-Based Decision-Making
- Communications

Establish and institutionalize a safety culture to promote a safe and respectful environment for all DMH consumers.

The Department of Mental Health (DMH) holds consumer safety as its highest priority and value as it strives to "Do no harm". Efforts to assure the safety of DMH consumers remain critical to restore the trust and confidence of consumers, families, and other stakeholders. Through strategic implementation of 25 safety improvement recommendations made by a Governor-appointed task force, DMH will establish protocols and systems to:

- Prevent consumer abuse and neglect or improve consumer safety; and
- Achieve rapid identification, reporting and responses that protect the affected consumer, and identify individual or systemic solutions that make all consumers safer.

STRATEGIC THEME(S)	• "Do No Harm" • Strong Consumer/Family Voice
STRATEGIES	1) Establish a methodology for tracking progress on all safety recommendations. 2) Utilize broad and diverse stakeholder groups to develop work plans that implement recommendations. 3) Develop data analytics for consumer safety and utilize data to inform decision-making. 4) Utilize death review as a quality development process to inform preventive strategies to promote consumer safety 5) Prepare annual progress reports to the Governor and Lt. Governor.
PERFORMANCE MEASURES	1) Safety recommendation tracking system 2) Quarterly data reports to Mental Health Commission 3) Annual report

2007-08 Progress Update

- Fifteen of the twenty-five recommendations made in 2006 by the Mental Health Task Force have been completed.

- Progress is well underway for the remainder of the recommendations and is documented in the 2008 Safety Report which can be found at www.dmh.mo.gov/spectopics/DMHSafetyReports.htm on the DMH Website.

Goal 1. Provide for management development and succession.

Within the next five years, 54 of 94 executives, managers, and supervisors will be eligible for retirement in the DMH Central Office. Similar demographic trends extend to the facility and local levels.

STRATEGIC THEME(S)	• Mental Health Workforce and Leadership Development for the Future
STRATEGIES	Identify and establish dedicated resources for leadership development in order to proceed with the decisions in the following strategies: 1) Identify successful leadership development and succession planning efforts in other state agencies and identify potential partnership opportunities to extend resources. 2) During FY 2008, establish a series of management and leadership training programs tailored specifically to DMH operations. 3) Develop a Leadership Succession Program sponsored by the Executive Team to identify a pool of talent for future leadership positions within the department. 4) Establish professional development plans specific to the needed skill sets for all DMH supervisors and managers. 5) Establish a Leadership Development Academy within DMH to ensure consistency in leadership practices across the department and throughout various facilities and locations.
PERFORMANCE MEASURE	1) Number and percentage of managers and supervisors completing management and leadership training

2007-08 Progress Update

In the absence of a dedicated FTE for leadership development and succession planning, forward progress has been slow. Use of leadership team and additional duties for HR staff has not been adequate to manage the work plan to accomplish these goals. In addition, an FY 09 DMH budget request would have supported additional supervisor training but was not approved by the legislature.

Goal 2. Provide a core curriculum for all DMH employees.

DMH must improve the quality of care by providing appropriate training to all DMH employees, especially those who are at the heart of quality care delivery. Appropriate orientation must be in place for newly hired staff and skill sets of continuing direct care providers must be refreshed and enhanced.

STRATEGIC THEME(S)	• Mental Health Workforce and Leadership Development for the Future • "Do No Harm" • Strong Local DMH Service Systems
STRATEGIES	Identify and establish dedicated resources for workforce development in order to proceed with the decisions in the following strategies: 1) DMH divisions, with administrative and facilitation assistance from Workforce Development, will provide an Orientation Core Curriculum program consisting of department policies and best practices and imperatives to be consistently applied across divisions and facilities New employees will successfully complete and demonstrate understanding within 30 days of employment. 2) DMH divisions, with administrative and facilitation assistance from Workforce Development, will identify and establish refresher courses for Core Curriculum. Refresher courses must be successfully completed annually by designated employees. 3) Review annually Orientation and Refresher Core Curriculum courses for revisions and updates. 4) In partnership with ITSD, DMH will establish an infrastructure for electronic training through a network of e-learning accounts that is supported by adequate bandwidth for state of the art training modules, ready access to computer learning stations, and utilization of mobile "smart" classrooms.
PERFORMANCE MEASURES	1) Percentage of new employees successfully completing the core curriculum and demonstrating knowledge of materials within 30 days of employment 2) Percentage of continuing employees successfully completing the required annual refresher Core Curriculum

2007-08 Progress Update

Substantive progress has been made toward the established goals.

- An e-learning network has been established as the delivery network for DMH virtual training.
    - E-learning accounts have been established for almost 5,200 DMH direct care staff and their supervisors.
    - Administrators have been trained to utilize automated tracking and documentation of course completion.
- Training modules are under development for a comprehensive standardized direct care training package.

Implementation efforts will continue in the coming year as we face some challenges that include:

- Lack of support for additional General Revenue for supervisory training in the FY 09 budget.
- Infrastructure limitations that lag behind the training technology and limited access to computers in facilities that were not designed consistent with today's technological needs.

Goal 3. Implement professional development initiatives specific to DMH divisions and offices for clinical, professional, and partner-provider staffs.

See Chapters 3-6 for specific workforce development goals, strategies and performance measures for DMH divisions.

Goal 1. Strengthen the capability to provide DMH decision-makers with systematic data analysis.

Strengthen the capability to provide DMH decision-makers with systematic data analysis so they understand its meaning, structure, relationships, origins, etc. and can draw accurate, timely and meaningful conclusions to support policy and program decisions.

STRATEGIC THEME(S)	• Data-Based Decision-Making • "Do No Harm"
STRATEGIES	1) Establish a department-level Data Analytics Team to: • Research DMH data analysis needs and present recommendations to DMH Executive Team. • In conjunction with the CIMOR Reporting/Data Warehouse group and DMH/ITSD, prioritize, design, develop, and implement appropriate databases, data warehouses and reporting tools. 2) Identify and prioritize key leading indicators for consumer safety and other consumer outcomes. 3) Identify and prioritize key business indicators for department management. 4) Establish data collection and reporting mechanisms for key indicators. 5) Collect, analyze, and report data on key indicators. 6) Monitor reporting and refine key indicators based on continuous quality improvement process.
PERFORMANCE MEASURES	1) Number of key consumer safety and other consumer outcomes measures tracked and analyzed. 2) Number of key business measures tracked and analyzed.

2007-08 Progress Update

- Quarterly reporting of data analytics has been established to be provided to the Mental Health Commission and DMH Executive Team.
- The first quarterly report was presented in May, 2008.
- Analysis, discussion and trending will be conducted on an ongoing basis for 57 performance measures with the expectation that measures will evolve and be refined over time.

Goal 2. Employees better understand their critical role in the mental health service delivery system and consider themselves valued partners.

Provide opportunities/avenues to keep employees informed regarding department issues in an effort to instill unity in a geographically dispersed work force and to provide opportunities for two-way communication. Rank and file employees who work in all areas of administration and direct care are in a position to provide valuable input toward improving the mental health system.

STRATEGIC THEME(S)	• Strong Local DMH Service Systems • Mental Health Workforce and Leadership Development for the Future
STRATEGIES	1) Make computer workstations available in each facility library or break room with which all staff can access communications tools provided on DMH Online. 2) Establish on-line communications tools on DMH Online, through which employees may access department news items/alerts, have opportunities to make comments, ask questions, and offer suggestions for improvements in department or facility operations. Tools will include a web log authored by the department director. 3) Support opportunities for employee recognition on local, regional and statewide levels. The Employee of the Month recognition is only one way to highlight accomplishments of employees. 4) Establish a day-long "exchange student" program for administrative employees to visit facilities to expose them to the realities of facility operations, making them more sensitive to the needs of facilities and providing them with enhanced knowledge of the purpose of the department and the people we serve.
PERFORMANCE MEASURES	1) Number of facilities that provide workstations for employees 2) Number of hits to employee communication web page 3) Number of employees recognized 4) Number of "exchange students"

2007-08 Progress Update

- All DMH facilities have workstations available to staff for viewing the DMH Employee Newsletter and other updates and information.
- The DMH Monthly Newsletter is electronically distributed to all employees.
- DMH receives nominations each month and recognizes an Employee of the Month from those nominations.
- DMH has not emphasized the exchange student program. There is limited progress but it remains a valuable goal for the coming year.

Goal 3. People in general equate physical well-being with being mentally healthy and are aware of the importance of taking care of their mental health needs.

Public education is the key to reducing stigma toward people who have disabilities. Education and awareness also is a key element of preventing and ameliorating illness and substance abuse. By providing information on mental health issues to the general public directly or through various media outlets, we can spread the message that people who have disabilities can get better because treatment works, mental health is essential to overall health and people who have mental health and disability issues should be encouraged to seek treatment.

STRATEGIC THEME(S)	• Strong Consumer/Family Voice
STRATEGIES	1) Establish the Missouri Mental Health Foundation as a viable vehicle for raising public awareness and understanding of people with mental illness, developmental disabilities, and addiction. 2) Make use of the opportunities to foster the department's key messages through appearances on the various radio and television talk-show outlets that the department has throughout the state. 3) Make mental health information available to the public, through publications accessed on the department's web site, for use at local and school-based health fairs as well as general education. Keep the DMH web site updated. 4) Enlist the news media as a partner in providing needed services, reducing stigma, and marketing the message that "treatment works" and recognize media outlets that aid the department in achieving its goals through their publication or broadcast of positive or informative stories. 5) Develop a presentation emphasizing the department's core messages and designate personnel to give the presentation to community groups on why mental health services and treatment are essential to their lives and well-being.

PERFORMANCE MEASURES	1) Number of Foundation activities targeted to increasing public understanding and acceptance of people served by DMH 2) Number of regularly scheduled radio and TV programs featuring DMH programs and services 3) Number of media outlets nominated for positive stories 4) Number of presentations made to community groups

2007-08 Progress Update

- In 2008, the Missouri Mental Health Foundation sponsored the Mental Health Champions Recognition and Banquet, the Director's Creativity Showcase, and the "You Know Me" awareness campaign.
- There are 16 radio and TV shows airing regularly each month that feature DMH-related programs and services. In addition, there are other radio, TV, and print media reports each month featuring DMH clients, programs, and services.
- There were ten nominees for the 2008 media awards.
- Presentations to the community have not been a major focus during the past year, but this remains an important priority for the 2009 fiscal year.

Chapter 3.
Division of Alcohol and Drug Abuse

The Division of Alcohol and Drug Abuse (ADA) was created in 1975 and established in statute in 1980 (RSMo 631.010) as part of the Department of Mental Health, with responsibility for ensuring that quality alcohol and drug abuse prevention, evaluation, treatment and rehabilitation services are accessible.

ADA's priorities for the future can be grouped in three categories:

1. **DEPARTMENTAL PRIORITIES:** ADA will support the Department of Mental Health by fulfilling its statutory obligations, serving as an integral part of the DMH team, and incorporating Departmental strategic themes in its daily activities and division-specific priorities.

2. **INTERDEPARTMENTAL PRIORITIES:** Some priorities are vital to ADA but beyond its reach alone; they require ongoing collaboration. They include:

PRIORITY	*PARTNERS*
CIMOR Enhancements	*ITSD; Community Providers*
Successful offender re-entry	*Missouri Department of Corrections; SAMHSA (Access to Recovery II)*
Jail & prison diversion through drug courts & family drug courts	*Office of State Courts Administrator*
Drug-free births	*MO HealthNet*
Reduction in out-of-home placements (or time in placement) in the child protective services system	*Missouri Division of Children's Services; DMH Office of Comprehensive Child Mental Health*
Specialized prevention and treatment services for older adults	*Division of Senior Services*
Disease management for chronic substance abusers; ER diversion protocol; Medicaid prescription drug abuse program	*MO HealthNet; Missouri Hospital Association*
Mental Health Transformation	*Transformation Working Group*

3. **DIVISION-SPECIFIC PRIORITIES:** To meet present challenges and prepare for the future, ADA will:

   - Create *Centers of Excellence* for addiction treatment and prevention.
   - Link *Centers of Excellence* with broader healthcare and social service systems.
   - Prove our value.
   - Develop the ADA treatment and prevention workforce.
   - Achieve treatment on demand in Missouri.

Goal 1. Create Centers of Excellence.

Establish contracted community providers as "Centers of Excellence" for the comprehensive treatment and prevention of substance abuse disorders and compulsive gambling. Treatment and Recovery Support providers will embody the "Principles of Drug Addiction Treatment" developed by the National Institute on Drug Abuse, while Prevention providers and coalitions will fully employ the Center for Substance Abuse Prevention's Strategic Prevention Framework.

STRATEGIC THEME(S)	• Strong Local DMH Service Systems • Strong Consumer/Family Voice • Medical and Behavioral Service Integration • "Do No Harm" • Data-Based Decision-Making
STRATEGIES	1) Define "Centers of Excellence" by working with providers, State Advisory Council, Missouri Recovery Network, ACT Missouri, Southwest CAPT, Missouri Institute of Mental Health, Committed Caring Faith Communities, partnering state agencies, and other stakeholders. 2) Amend contracts and revise certification standards to formalize criteria. 3) Raise the quality of treatment, prevention, SATOP, and Recovery Supports to Center of Excellence standards and recognize providers that meet them. 4) Revise state monitoring policies and procedures to support Centers of Excellence while guarding against fraud, waste, and abuse. 5) Revise clinical utilization review to promote recovery and retention in treatment while assuring clinically appropriate care. 6) Implement a disease management program for high risk and chronic relapsing consumers. 7) Expand the Compulsive Gambling program to serve more adults, reach adolescents, and pilot telehealth technologies.
PERFORMANCE MEASURES	1) Number of programs earning the "Center of Excellence" designation by type 2) Ratio of Centers of Excellence to total number of eligible providers

2007-08 Progress Update

- The Division continues to be in the development stages of establishing Centers of Excellence and as a result, no programs received this designation during the past year.
- The State Advisory Council is establishing criteria for Centers of Excellence and will be working with Division staff, providers, and other entities to finalize the criteria by December, 2008.
- As a step toward establishing Centers of Excellence and moving to a recovery management program model, all CSTAR and Primary Recovery Plus contracts were amended in December 2007 to add medication services, co-occurring disorder counseling services, and clinical supervision.
- Plans were finalized in July 2008 to begin using Vivitrol with high risk and chronic relapsing consumers. A special project was developed in collaboration with the Department of Corrections for high risk offenders under community supervision.
- The Division's Certification and Safety Assurance Team modified its survey protocol in October, 2007 to include a walk-through exercise to ascertain providers' use of evidence-based practices and provide technical assistance and training as needed in areas such as motivational interviewing, effective treatment planning, etc.

Goal 2. Link with broader systems.

Link ADA Centers of Excellence with broader human services systems to meet their needs for state-of-the-art treatment of Missourians with substance abuse disorders as well as evidence-based prevention of substance abuse and related problems.

STRATEGIC THEME(S)	• Strong Local Service Systems • Medical and Behavioral Service Integration
STRATEGIES	Establish contracts, memoranda of agreement, or protocols, as appropriate, with partnering state agencies and other entities, to include but not be limited to: • Department of Corrections *(for services to offenders—particularly those returning from prison to the community)* • Office of State Courts Administrator *(for drug court services)* • Department of Health and Senior Services *(for services to older adults)* • Department of Social Services, Division of Children's Services *(for services to families in the child protective services system)* • Department of Social Services, MO HealthNet Division, Missouri Hospital Association, providers *(for services to pregnant women, ER diversion, Medicaid prescription drug abuse program)* • Division of Comprehensive Psychiatric Services *(for full spectrum of services for persons with co-occurring disorders)* • Regional Support Centers and Community Coalitions *(to fully implement the Strategic Prevention Framework)*
PERFORMANCE MEASURE	1) Number of formal, written linkages of ADA Centers of Excellence with broader systems

2007–2008 Progress Update

The Division has made significant progress in linking with broader systems during the past year.

- Through the Division's ongoing collaborative relationship with the Department of Corrections, the array of community-based services for offenders has been enhanced. Beginning in October 2008, offenders have access to the full array of Primary Recovery Plus services rather than a limited menu of services that were

available through the previous DOC outpatient contracts. Improved access to services will be accomplished by amending all PR+ contracts statewide to include this service provision. The Department of Corrections has also identified eight Probation and Parole District offices where office-based substance abuse counseling services will be provided.

- A Memorandum of Understanding is updated annually with the Department of Corrections to clarify the duties and responsibilities of each agency in terms of allocation of funding, service delivery, program monitoring, etc.
- Division staff continues to actively participate on the Department of Corrections' Missouri Reentry Project which recently received national recognition for its success in lowering the recidivism rate of offenders.
- Through a collaborative effort with staff from the Division of Medical Services, Department of Social Services, "The Substance Abuse Treatment Referral Protocol for Pregnant Women Under MC+ Managed Care" was updated and implemented in July, 2007.
- The Division is collaborating with Kids Hope United, the Department of Social Services/Children's Division, the Missouri Institute of Mental Health, and Carol Jones Recovery Center on a grant project in southwest Missouri called Circle of Hope. The program offers services to families affected by methamphetamine abuse by providing substance abuse treatment along with intensive in-home services to build protection for children from within their families. Work will include the development of partnerships at both the county and state levels so that community resources can effectively be used to stabilize these families.
- The Division is an active participant with the Missouri Juvenile Justice Association and other state and community partners to strengthen inter-agency collaboration and integration of programs and services through the creation of a statewide Missouri Alliance for Drug Endangered Children. The Missouri Alliance is currently finalizing its Mission Statement and preparing its goals and action steps for the coming year.

Goal 3. Prove our value.

Clearly and unequivocally demonstrate that Missouri's substance abuse prevention and treatment programs are good investments for state and federal funds.

STRATEGIC THEME(S)	• Data-Based Decision-Making
STRATEGIES	1) Implement research-based methods for calculating returns on investment in prevention and treatment services to support requests for increased state funding 2) Reach full CIMOR implementation. 3) Provide routine provider feedback on performance in reporting National Outcome Measures. 4) Work with the State Advisory Council to develop a comprehensive annual report of substance abuse in Missouri along with ADA performance and outcomes. 5) Based on that report, prepare and distribute reader friendly informational and educational materials to staff, legislators, and stakeholders. 6) Develop a provider performance rating system.
PERFORMANCE MEASURES	1) Increased state funding for ADA treatment and prevention services beginning in FY 2009 2) Performance on National Outcome Measures that exceeds national averages

2007–08 Progress Update

- Beginning in August, 2008, the Division will develop provider outcomes reports based on six-month follow-up GPRA data collected by Primary Recovery Plus providers and Recovery Support Access Sites that are part of the Access to Recovery grant program.
- CIMOR is fully operational across all Division programs. "Data Central" is currently in development to facilitate the reporting component of CIMOR which will aid in analyzing the effectiveness of programs, determine gaps in services, etc. The anticipated date for generation of reports from Data Central is October, 2008.

Goal 4. Develop the ADA workforce.

Develop the Missouri workforce so that there is a growing body of dedicated substance abuse professionals to better meet the demands of evidence-based practice in both prevention and treatment.

STRATEGIC THEME(S)	• Mental Health Workforce and Leadership Development for the Future
STRATEGIES	1) Collaborate with the DMH Training Director, Missouri Substance Abuse Professional Credentialing Board, Mid-America Addiction Technology Transfer Center (MATTC), Missouri Institute of Mental Health (MIMH), and others to develop a virtual *Missouri Institute on Addiction.* 2) Work with MATTC, MIMH, and Missouri graduate and professional schools to enhance curricula and establish internship opportunities for students.
PERFORMANCE MEASURES	1) Number and ratio of qualified substance abuse treatment and prevention professionals certified or recognized by the Substance Abuse Professional Credentialing Board 2) List of formal agreements with graduate and professional schools for practica and internships 3) Number of student internships

2007–08 Progress Update

- The Division has expanded the role of its Training and Staff Development Coordinator to include workforce development. A plan for workforce development for the substance abuse service delivery system is in development.
- The Missouri Substance Abuse Professional Credentialing Board (MSAPCB) is finalizing criteria for a Missouri Recovery Support Specialist. These individuals will be recognized as qualified professionals to provide recovery mentoring and recovery support services which will expand the substance abuse service delivery workforce. During the past year, the MSAPCB has also finalized credentialing criteria for Certified Criminal Justice Addictions Professionals and Co-occurring Disorder Professionals.
- The Division is in the development stages of a differential reimbursement for services provided by qualified substance abuse professionals who should enable agencies to raise salaries for the best qualified practitioners and assist in recruitment and retention efforts.

Goal 5. Achieve treatment on demand.

Secure funding through federal, state, and private sources to achieve treatment on demand in Missouri so there are no waiting lists and no individual or family suffering from addiction is ever turned away.

STRATEGIC THEME(S)	• Strong Consumer/Family Voice
STRATEGIES	1) Pursue state and federal funding for ADA treatment services to reach a level that meets the need for treatment on demand. 2) Train and compensate clinical treatment providers for early engagement in treatment. 3) Increase collaborative and complementary funding with county mill tax boards and contributors like the Missouri Foundation for Health. 4) Build a permanent network of recovery supports and alternatives to treatment offered by faith-based organizations and other community partners.
PERFORMANCE MEASURES	1) Number of Missourians served n treatment and recovery supports compared to number in need of services 2) Average time from first contact to enrollment

2007-08 Progress Update

- The Division is reviewing consumer screening and assessment requirements to determine where changes can be made to expedite consumer engagement in services. Providers that are part of the Robert Wood Johnson Foundation's Advancing Recovery Project have incorporated motivational interviewing sessions as part of the assessment process which has increased the rate of consumers who return for services after completion of the assessment.

NOTE: *At the request of Representative Rod Jetton to review the impact of substance abuse on the State of Missouri when updating the Strategic Plan, a special report was prepared and is attached as an addendum to the Strategic Plan update. Click here for the report.*

Chapter 4.
Division of Comprehensive Psychiatric Services

The Division of Comprehensive Psychiatric Services (CPS) was established in statute in 1980 (RSM0 632.010) with the responsibility for ensuring the accessibility of high quality services in the areas of prevention, evaluation, treatment and rehabilitation of mental disorders and mental illness.

CPS's plan for the future is in keeping with both departmental and interdepartmental priorities, and with division-specific priorities that address the following needs:

- Essential individual outcomes - Independent living, meaningful work and or schooling, and connections to families and friends
- Essential system outcome - A culture of safety, prevention, and recovery, characterized by:
  - Non-punitive treatment environments free of coercion, neglect and abuse
  - Safe and healthy communities
  - Meaningful Consumer and Family participation in policy and practice
- Practices that support outcomes (evidence-based and best practices)
- Local ownership, with a commitment to regional planning and the privatization of acute inpatient care
- Provider accountability through statewide oversight

Goal 1. Support consumers in housing, work, schooling, and community.

Develop and implement the evidence-based and best practices that support individual consumer outcomes in the areas of independent housing, meaningful work and/or schooling, and connections to families and friends.

STRATEGIC THEME(S)	• Strong Consumer/Family Voice • Strong Local DMH Service Systems
STRATEGIES	1) Develop and implement scorecard measures that are directly connected to consumer outcomes in the areas of independent housing, competitive and/or supported employment/education, and social connectedness. 2) Identify the evidenced-based and best practices in support of such outcomes and appropriate to the populations served in community and inpatient settings, establishing these as core competencies. At a minimum, such practices shall include: • In Community Settings - Assertive Community Treatment, Supported Employment, and Supported Housing; • In Forensic Inpatient Settings – Social Learning, Psychiatric Rehabilitation, Dialectical Behavior Therapy, and Cognitive Behavior Therapy; and • In All Settings – ProCovery and Integrated Dual Diagnosis Treatment. 3) Identify and/or develop training methodologies and processes necessary for core competencies, and incorporate these in a training plan that includes the use of providers with high fidelity to such practices as Centers for Excellence. 4) Develop and execute a plan for the phased implementation of such practices across all community providers and state-operated inpatient settings.
PERFORMANCE MEASURES	1) Percent of workforce certified as competent in each of the applicable core competencies 2) Percent of consumers in supported or independent employment and in independent living situations 3) Consumer satisfaction measures

2007-08 Progress Update

- Six ACT teams are active and will serve 400 people when fully implemented.
- A grant from Johnson & Johnson/Dartmouth PRC was awarded to Missouri in July, 2008 to assist with implementing three fidelity-based Supported Employment sites.
- Seventeen sites have been certified to provide Integrated Dual Diagnosis Treatment (IDDT) services, and intensive training on the core competencies of IDDT has been provided to more than 40 community provider staff.
- In the area of independent living arrangements, 79.4% of community clients have living status of "private residence" and 69% of adults reported improved social connectedness. In addition, 81% of families reported improved social connectedness for their child.

Goal 2. Promote a CPS culture of safety, prevention and integrated healthcare.

Develop and implement the best practices that support a culture of safety, prevention and integrated healthcare. Key objectives are:

- Safe and healthy communities
- Non-punitive inpatient environments free of coercion, abuse and neglect
- Medical and behavioral health integration

STRATEGIC THEME(S)	• "Do No Harm" • Medical and Behavioral Service Integration
STRATEGIES	1) Pursue collaboration between Community Mental Health Centers (CMHCs) and Federally Qualified Health Centers (FQHCs) through pilot programs. 2) Develop disease management and care coordination programs for high risk and chronically relapsing consumers. 3) Promulgate, train and implement the new Misconduct Department Operating Regulation and associated Core Rule for community providers. 4) Enhance coordination across the continuum of care through revisions to the contracts with community providers and Cooperative Inpatient Agreements, and through Regional Planning efforts associated with Acute Care Privatization. 5) Explore the utility of implementing Just Culture training at all inpatient hospitals to facilitate safe environments, balanced between an emphasis on employee accountability and systemic approaches to quality improvement. 6) Go Tobacco Free at all inpatient facilities by 11/15/07. 7) Disseminate best practices for the reduction of seclusion and restraint usage to all inpatient facilities, based on the grant issued to Fulton State Hospital.
PERFORMANCE MEASURES	1) Rates of consumer and staff injuries 2) Rate of substantiated allegations of abuse and neglect 3) Rates of seclusion and restraint 4) Number of pilot programs for CMHC/FQHC collaboration 5) Number of tobacco-free facilities 6) Number of consumers, costs and associated clinical outcomes for high risk, chronically relapsing consumers

2007-08 Progress Update

Consumer injury rates:

- Adult Community = .017 per 100 clients per month
- Youth Community = .005 per 100 clients per month
- CPS Inpatient = 4.085 per 1,000 patient days*

**Injuries that require first aid or higher intervention. Community rates include only injuries that require hospitalization.*

Inpatient staff injury rate:

- .516 injuries per 1,000 patient days (requiring more than first aid)

Rate of substantiated allegations of abuse and neglect:

- Inpatient A/N substantiations = .05 per 1000 patient-days
- Adult Community A/N Substantiation Rate = .012 per 100 clients per month
- Youth Community A/N Substantiation Rate = .000 per 100 clients per month

Rates of seclusion and restraint:

- Inpatient Seclusions rate = 2.03% of clients in seclusion at least once per month
- Inpatient Restraint Rate = 4.50% of clients in restraints (including manual hold) at least once per month.

- Training for MH/FQ sites and staff is well under way. All pilot sites are operational with one more in process.

- All CPS operated facilities became tobacco-free during FY 08.

- The Eastern Region High Users group is analyzing costs associated with high risk, chronic relapsing consumers on a case by case basis and creating collaboration across agencies as well as approaching these consumers with new plans.

Goal 3. Increase local control and participation.

Enhance the role of consumers and family members and develop partnerships with private providers in support of local control and participation, while ensuring accountability through statewide oversight.

STRATEGIC THEME(S)	• Strong Consumer/Family Voice • Strong Local DMH Service Systems
STRATEGIES	1) Support the local Mill Tax Boards in their efforts to fund the activities of local mental health providers. 2) Assess fidelity to ProCovery principles and broaden the dissemination of ProCovery circles across inpatient and outpatient settings, facilitating consumer operation and direction wherever possible. 3) Amend contracts and licensure requirements for community providers to enhance the survey process and contract compliance. 4) Facilitate regional planning efforts associated with the operation of the continuum of care, including efforts to explore the value of privatizing acute care inpatient facilities and associated mechanisms for enhancing community-based services. 5) Enhance consumer satisfaction with both inpatient and outpatient services through greater involvement and direction of departmental operations.
PERFORMANCE MEASURES	1) Consumer Satisfaction Scores 2) Number of ProCovery Circles, number that are consumer run, and fidelity to ProCovery principles and methods 3) Contract compliance measures 4) Number of operational regional planning efforts and dollars available for enhancing community-based services

2007–08 Progress Update

- The first training for Peer Specialists will occur in Jefferson City in the fall of 2008. Training will be provided by the Appalacian Consulting Group and follows the model used in other states to prepare consumers for employment in a variety

of mental health settings.

- Consumer surveys indicate 81% of adults and 95% of families of youth have positive perceptions of their participation in treatment planning.
- Sixty-seven Procovery Circles have been established and over 1,400 Procovery Circle meetings were held across inpatient, outpatient, and community-based settings.

Goal 4. Develop the CPS Workforce.

Develop a workforce well trained in the core competencies necessary for the creation of a safety-first culture and for the provision of evidence-based and best practices.

STRATEGIC THEME(S)	• "Do No Harm" • Strong Local DMH Service Systems
STRATEGIES	1) Identify as a core competency, the training approaches and associated human resource practices that will facilitate a safety-first culture. 2) Identify the evidenced-based and best practices appropriate to the populations served in community and inpatient settings, establishing these as core competencies. 3) Identify and/or develop and standardize the training curricula, methodologies and processes necessary for core competencies. 4) Survey current college curricula to determine applicability to core competencies. 5) Develop partnerships with institutions of higher learning to facilitate the development or enhancement of curricula that could be delivered either on campus or through training. 6) Explore use of web-based and long-distance learning options.
PERFORMANCE MEASURES	1) Number of colleges introducing core competence training 2) Percent of workforce certified as competent in each of the applicable core competencies 3) Rates of consumer and staff injuries 4) Rate of substantiated allegations of abuse and neglect 5) Rate of consumers in supported or independent employment and in independent living situations 6) Consumer satisfaction measures

2007–08 Progress Update

- Adult Community Injury Rate = .017 per 100 clients per month
- Youth Community Injury Rate = .005 per 100 clients per month
- Inpatient Injury Rate = 4.085 per 1000 patient-days.

(Inpatient rates include injuries requiring first aid or more; community rates include only injuries resulting in hospitalization.)

- CPS Inpatient Staff Injury rate = .516 injuries (requiring medical care) per 1000 patient days
- Rate of substantiated allegations of abuse and neglect – See goal 2
- 79.4% of community clients have living status of “private residence”.
- Consumer surveys show 91% of consumers with overall satisfaction with care.

Goal 5. Achieve treatment on demand.

Secure funding through federal, state, and private sources to achieve treatment on demand in Missouri so there are no waiting lists and no individual or family suffering from mental illness is ever turned away.

STRATEGIC THEME(S)	• Strong Consumer/Family Voice • Access
STRATEGIES	1) Pursue state and federal funding for CPS treatment services to reach a level that meets the need for treatment on demand. 2) Develop a waiting list to document need in excess of existing capacity to support funding requests. 3) Train and compensate clinical treatment providers to promote early engagement in treatment. 4) Increase collaborative and complementary funding with county mill tax boards and contributors such as the Missouri Foundation for Health. 5) Eliminate capacity shortfalls associated with staffing vacancies in state-operated facilities through creative recruitment and retention strategies. 6) Facilitate client movement through state-operated facilities, thereby enhancing capacity and reducing diversion. Options include Cooperative Agreements between CPS and DD for longer-term MIDD consumers, availability of waiver dollars for MIDD consumers in state-operated facilities, legislation involving expedited hospitalization of Incompetent to Stand Trial Consumers, diversion agreements among state facilities, and usage of Extended Observation Bed, community based Transitional Community Placement Beds, and semi-independent housing. 7) Explore privatization options to include Non-Forensic inpatient care or those that involve expansion of intermediate and long-term care beds. 8) Enhance and expand on evidenced-based alternatives to inpatient care, including Assertive Community Treatment, Integrated Dual Diagnosis Treatment, Illness Management and Recovery, and Mental Health Courts. 9) Explore options for enhancing ACI Services, including

	Emergency Room Assist Teams and increased provider support for consumers in jail settings.
PERFORMANCE MEASURES	1) Number of Missourians served in treatment and recovery supports compared to number in need of services 2) Average time from first contact to enrollment in services

2007-08 Progress Update

Clients Served Annually

12.63 CPS clients per 1,000 Missouri population.

12.19 CPS community clients per 1,000 Missouri population.

1.27 CPS inpatient clients in state-operate facilities per 1,000 Missouri population.

Chapter 5.
Division of Developmental Disabilities

The Division was created in 1974 and established in statute in 1980 (RSMo 633.010) as part of the Department of Mental Health, with the responsibility of ensuring that mental retardation and developmental disabilities prevention, evaluation, care, habilitation and rehabilitation services are accessible, wherever possible. Furthermore, the division has the responsibility for supervision of division residential facilities, day programs and other specialized services operated by the department and oversight over facilities, programs and services funded or licensed by the department.

On October 16, 2008, Governor Matt Blunt signed an executive order officially changing the name of the Division of Mental Retardation and Developmental Disabilities to the Division of Developmental Disabilities (DDD). The Executive Order does not change the division's mission or impact those eligible for services or those receiving services from the division or contract providers.

DDD's priorities for the future can be grouped into three categories:

1. **DEPARTMENTAL PRIORITIES**: DDD will support the Department of Mental Health by fulfilling its statutory obligations, service as an integral part of the DMH team, and incorporating Departmental strategic themes in its daily activities and division-specific priorities. Those themes include consumer safety, strong consumer/family voice, medical and behavioral service integration, Missouri child mental health leadership, data-based decision-making, strong local DMH service systems, and preparing mental health leadership and workforce for the future.

2. **DIVISION-SPECIFIC PRIORITIES**: To meet present challenges and prepare for the future, DDD will:

   - Enhance local service delivery based upon best practices.
   - Develop consumer- and family-driven supports and services.
   - Provide an integrated audit, monitoring, and oversight system.
   - Develop the DD workforce.

3. **INTERDEPARTMENTAL PRIORITIES:** Some priorities are vital to DDD but beyond its reach alone; they require ongoing collaboration. They include:

PRIORITY	*PARTNERS*
Full CIMOR implementation	*ITSD; Community Providers*
Mental Health Transformation	*Transformation Working Group*
Single entry point for information and referral (e.g., 2-1-1)	*Department of Health and Senior Services, Department of Social Services, United Way of St. Louis*

Goal 1. Enhance local service delivery based upon best practices.

Enhance public-community partnerships to develop a local infrastructure and comprehensive array of supports and services grounded in the provision of evidence-based best practice, informed by data and input from stakeholders that meet or exceed national standards and expectations of people with developmental disabilities and their families.

STRATEGIC THEME(S)	• Strong Local DMH Service Systems • Medical and Behavioral Service Integration • Data-Based Decision-Making • Strong Consumer/Family Voice
STRATEGIES	1) Restructure the eleven regional offices to have five core functions, as recommended by the Committee of Key Stakeholders relating to consumer relations, business administration, provider relations, assuring the quality and availability of clinical services. 2) Partnership across divisions and among the regional offices, SB 40 Boards, Affiliated Community Service Providers, and community service providers to improve the integration, efficiency and quality of supports and services. 3) Supports and services are administered through responsive financial, data and information management systems. 4) Increase availability, timeliness and follow-up of behavioral support resources, counseling services, and crisis management for individuals and their families. 5) National standards and evidence-based best practice in supports and services for people with developmental disabilities and their families are implemented statewide. 6) Increase availability and flexibility of funding for service options to support individuals across the lifespan in the community. 7) Uniform implementation of definitions and rates of services and supports throughout the state. 8) Identify, develop, and implement evidence-based resource allocation models. 9) Design and strengthen existing service coordination systems as well as foster the development of new, non-

	traditional support options (e.g., host home) that offer individuals and families real choices.
PERFORMANCE MEASURES	1) Local service delivery system effectively manages the funding for long-term supports that promotes community inclusion. 2) Service coordinators are accessible, responsive, and support the person's participation in service planning. 3) Decrease Regional Offices Service Coordination statewide ratios to 1:50. 4) Increase availability and flexibility of funding for service options to support individuals across the lifespan in the community. 5) Individual needs are identified and updated through the use of a valid and reliable tool/process. 6) Increase in quality of supports, services, and outcomes as measured through the National Core Indicators and Self-Advocates and Families for Excellence (SAFE) visit.

2007–08 Progress Update

- During the past year, approximately 380 individuals transitioned off the Division of DD in-home and residential waiting lists.

  There are currently 26 Senate Bill 40 Boards for the developmentally disabled providing service coordination to over 6,000 individuals with developmental disabilities who are consumers of the Division.
- Regional office caseloads are averaging 1:53 statewide, however some regional offices still have caseloads as high as 1:70+
- The Division is implementing the Supports Intensity Scale (SIS) which is a standardized, valid and reliable tool specifically designed to measure the pattern and intensity of an individual's support needs across 49 life activities, in protection and advocacy activities, and in 16 exceptional medical conditions and 13 challenging behaviors. The SIS will eventually be utilized to develop individualized budgets and rate restructuring.
- The Division, along with 27 other states, is participating in the National Core Indicators (NCI) project coordinated by Human Services Research Institute (HSRI) which enables the Division to benchmark itself against other states and national standards around approximately 100 performance indicators to measure outcomes in areas such as abuse/neglect, incident/injury, expenditures, and staff turnover in community providers. Sources of information include consumer survey (e.g., empowerment and choice issues) family surveys (e.g., satisfaction

with supports), provider survey (e.g., staff turnover), and state systems data (e.g., expenditures, mortality, etc.).

- Self-Advocates and Families for Excellence (SAFE) visits continue to expand to provide peer-to-peer interviews around quality outcomes with over 48 peer to peer interviews conducted this past year.

Goal 2. Develop consumer- and family-driven supports and services.

Consumers and their families determine the supports and services they receive as well as the individuals or agencies that provide supports and services. The service delivery system supports community integration and personal independence through the expansion of self-directed support options, such as individualized resource allocation, methods and budgeting practices (i.e., individualized budgets), fiscal management systems, flexible support brokerage systems and quality oversight policies and practices.

STRATEGIC THEME(S)	• Strong Local DMH Service Systems • Medical and Behavioral Service Integration • "Do No Harm" • Data-Based Decision-Making • Strong Consumer/Family Voice
STRATEGIES	1) Resurrect and reinvigorate the Regional Developmental Disability Advisory Councils in all 11 regions as established in state statute (RSMo 633.045). 2) Individuals with developmental disabilities and their families receive training and support to direct and manage their own services. 3) Consumers and their family are encouraged to participate in developing their person centered plan, supports, and services. 4) Develop and implement a comprehensive infrastructure to provide responsive, transparent financial management of the service delivery system. 5) Strengthen the capacity within the state to develop and improve the quality of self and family-directed (self-determined) services and supports.
PERFORMANCE MEASURES	1) The number of Regional Developmental Disability Advisory Councils 2) Increase the number of individuals with developmental disabilities/families self-directing their supports and services. 3) Increase the number of individuals with developmental disabilities and their families that report the person centered plan, supports, and services addresses their needs as well as the family's involvement as a natural

	support system when indicated. 4) Increase the number of consumers, self-advocates and families that fully participate in the development, implementation and evaluation of the system. 5) People are satisfied with the services and supports they receive to obtain individual, quality outcomes. 6) The service system supports community integration and personal independence. 7) People have support to find and maintain integrated employment.

2007–08 Progress Update

- Ten of the 12 regional developmental disability advisory councils are in place and have appointed over 25 individuals with developmental disabilities and families members to service on their regional advisory council.
- The Division developed an annual review of rights, health and safety issues with community providers (Recommendation #5 of the Governor's Mental Health Task Force). The Essential Safeguard Systems Review (ESSR) provides assurance of basic oversight to augment the biennial certification survey and with providers currently exempt from a certification survey.
- The draft tool is available at: http://www.dmh.mo.gov/dd/provider/HCBSWaiverCertificationRevisions.htm
- Self-Advocates and Families for Excellence (SAFE) visits continues to expand to provide peer-to-peer interviews around quality outcomes and the number of consumers, self-advocates and family members who are trained SAFE volunteers.
- The Division is participating in the National Core Indicators (NCI) project to gather information regarding national identified outcomes for individuals with developmental disabilities to be used for systems change. Missouri is one of 28 states participation in the NCI which provides information that DDD can track over time to evaluate system improvement as well as to benchmark Missouri system with others around the country.
- The Division is implementing the Supports Intensity Scale (SIS) which is a standardized, valid and reliable tool specifically designed to measure the pattern and intensity of an individual's support needs across 49 life activities, in protection and advocacy activities, and in 16 exceptional medical conditions and 13 challenging behaviors.

Goal 3. Provide an integrated audit, monitoring, and oversight system.

Implement an enhanced Comprehensive Quality Management and Technical Assistance system which is grounded in the implementation of a state-of-the art data collection, monitoring/analysis and accessible reporting system.

STRATEGIC THEME(S)	• Strong Local DMH Service Systems • "Do No Harm" • Strong Consumer/Family Voice • Data-Based Decision-Making
STRATEGIES	1) Design and implement state-of-the art data collection, monitoring/analysis and accessible reporting systems to enhance performance of the service delivery system. 2) Implement recommendations related to quality assurance, oversight, monitoring, reporting, and prevention from the Lt Governor's Mental Health Task Force report and Mental Health Commission report, and the committee of key stakeholder's group report. 3) Expand the Division's capacity to conduct critical analysis, and provide technical assistance on key issues related to provider performance, outcome measurement and quality assurance and improvement methods. 4) Develop standard individualized training for consumers and families on identifying and reporting abuse and neglect.
PERFORMANCE MEASURES	1) Information from data analysis is used to make changes that improve performance and consumer safety and reduce the risk of sentinel events. The information management system provides information for use in decision-making. 2) Increase the number of consumers, self-advocates and families that fully participate in the development, implementation and evaluation of the system. 3) Individuals with developmental disabilities are safe from abuse, neglect, and injury.

2007 – 08 Progress Update

- The Division's Quality Assurance Unit was restructured in October 2007 and reports to the Director of Quality Assurance in Central Office. Reorganization of the statewide Quality Assurance team into functional roles took place in January 2008.
- The Division developed an annual review of rights, health and safety issues with community providers (Recommendation #5 of the Governor's Mental Health Task Force). The Essential Safeguard Systems Review (ESSR) provides assurance of basic oversight to augment the biennial certification survey and with providers currently exempt from a certification survey.
- The draft tool is available at: http://www.dmh.mo.gov/dd/provider/HCBSWaiverCertificationRevisions.htm
- Self-Advocates and Families for Excellence (SAFE) visits continues to expand to provide peer-to-peer interviews around quality outcomes and the number of consumers, self-advocates and family members who are trained SAFE volunteers.
- The Division is participating in the National Core Indicators (NCI) project to gather information regarding national identified outcomes for individuals with developmental disabilities to be used for systems change. Missouri is one of 26 states participation in the NCI which provides information that DDD can track over time to evaluate system improvement as well as benchmark Missouri's system with others around the country.

Goal 4. Develop the DD workforce.

Consumers, their families, and developmental disability provider agencies are able to recruit and retain a well-trained, qualified, and effective workforce.

STRATEGIC THEME(S)	• "Do No Harm" • Strong Local DMH Service Systems • Medical and Behavioral Service Integration • Data-Based Decision-Making • Mental Health Workforce and Leadership Development for the Future
STRATEGIES	1) Build the capacity of developmental disabilities service providing agencies, individuals with developmental disabilities and their families to recruit and retain an effective workforce through the implementation of competency-based training. 2) Individuals with developmental disabilities and their families receive training and support to direct and manage their own services. 3) Develop collaborations with Institution of Higher Education, career centers, professional schools to enhance curricula and establish internship opportunities for students.
PERFORMANCE MEASURES	1) Increase the number of direct support professionals who have completed competency-based training, on the job assessments, and mentoring programs. 2) Individuals with developmental disabilities are safe from abuse, neglect, and injury. 3) Decrease the direct support professionals turnover rates and increase recruitment and training rates to maintain continuity of high quality supports and efficient use of resources. 4) Increase the number of internships and practicum opportunities for students within the service delivery system.

2007–08 Progress Update

- 218 individuals completed all 13 modules of the Missouri College of Direct Support and passed the on-the-job assessment. Thirty-three agencies are participating in the pilot statewide.
- The Missouri College of Direct Support (CDS) is an on-line competency based training curriculum built upon the national Community Support Skill Standards designed to support the development and enhancement of a high quality direct support workforce in Missouri to meet the needs of individuals with developmental disabilities. It is an innovative, online training program pilot to teach national best practices. The curriculum is based on a comprehensive job analysis of direct-care roles. It includes enhanced education on developmental disabilities, safety, identifying and reporting abuse and neglect, rights of individuals with disabilities, positive behavior support, cultural competence, supporting health lifestyles, and other important areas.
- Over 1,900 individuals are taking MO CDS courses, completing nearly 40,000 lessons.
- Self-advocates have been hired in 9 of 12 regional offices to providing training to individuals with developmental disabilities on identification, prevention and reporting of abuse and neglect, and self-determination and self-advocacy across the continuum of supports and services. Additionally, the regional office self-advocates will develop a local speakers bureau and participate in local and regional workgroups, including a utilization review committee.

Chapter 6.
Office of Comprehensive Child Mental Health

The Office of Comprehensive Child Mental Health (OCCMH) was created through legislation in 2005 through SB 501 and is incorporated into statute through 630.1000 RSMo. The mission of the Office is to provide leadership in developing and implementing a comprehensive children's mental health service system.

1. **FUNCTIONS:** As resources allow, the Office will:

   - Implement and oversee the Comprehensive Child Mental Health Services Plan (CCMHSP);
   - Provide support, technical assistance and training;
   - Develop and coordinate the service system;
   - Develop financing mechanisms and quality assurance policy;
   - Provide clinical consultation and technical assistance;
   - Serve with the Coordinating Board for Early Childhood;
   - Participate in interagency child mental health initiatives;
   - Staff the Comprehensive System Management Team (CSMT); Stakeholders Advisory Group (SAG), and the Clinical Advisory Council.
   - Report annually on status of the plan and the system in general.

2. **OFFICE-SPECIFIC PRIORITIES:** To meet the challenges and prepare for the future, OCCMH will give priority to:

   - Workforce Development
   - Children's Practice Model
   - Increasing Family Involvement, Support and Development
   - Supporting the Healthy Social-Emotional Development, Learning and Academic Achievement of All Children
   - Formalizing a Structure of Local Interagency Teams

3. **OCCMH's ROLE WITHIN THE DEPARTMENT:** OCCMH will support the DMH by fulfilling its statutory obligations, serving as an integral part of the DMH team and incorporating departmental strategic themes in its daily activities and division-specific priorities.

4. **OCCMH's ROLE WITH OTHER DEPARTMENTS & AGENCIES:** The Office will:

- Lead implementation of the Comprehensive Child Mental Health Services System Plan.
- Prepare an annual report for the Governor's Office, Department Directors, and Children's Services Commission on the status of Missouri's child mental health system.
- Provide clinical and system technical assistance and consultation to all participating departments as identified in the plan and requested by departments.
- Collaborate with designated staff of participating departments on the State Comprehensive System Management Team.

Goal 1. Increase family participation.

Increase family participation at all levels of the administrative/policy structure across state child-serving departments.

STRATEGIC THEME(S)	• Strong Consumer/Family Voice
STRATEGIES	1) Develop, in conjunction with the Stakeholders Advisory Group and Comprehensive System Management Team (CSMT), core competencies for parents to participate on state and local policy administrative teams. 2) Develop a "leadership" curriculum based on the core competencies for training parents to participate on local and state policy teams 3) Identify, through the CSMT, funding streams that can support a network of key parent leaders in the state that can act as trainers/coaches/mentors to agencies and parents in regards to policy team participation. 4) Develop a list of parents that have been trained and have demonstrated leadership competencies for agencies/stakeholders to access. 5) Begin discussions regarding the development of a Leadership Institute
PERFORMANCE MEASURES	1) List of parent core competencies for participation on policy administrative teams 2) Number of key family representatives from state child-serving agencies serving on the CSMT 3) Number of trained family representatives on the CSMT 4) Number of representatives actively participating at local system-of-care sites

2007 – 08 Progress Update

- The Stakeholders Advisory Group and a committee of the CSMT are developing the core competencies that help prepare parents to serve on committees and boards. The committee has focused first on developing the training necessary to support the implementation of the Family Support Provider Medicaid program – *a program to provide parents and family members* with training necessary to provide support to family members/caregivers of children

and youth with Serious Emotional Disturbances. Elements of the training for the Family Support Providers (FSP) are to empower family members and identify potential family leaders. Once identified, these family members are provided education, training and mentoring on how to be effective participants on state and local policy teams.

- The FSP training requires the Supervisor of the Family Support Provider to attend the training to ensure they have an understanding of the unique roll of the Family Support Provider. There are also quarterly in-service trainings for the FSP workers and their Supervisor.
- The curriculum for the FSP training was developed and approved by the CSMT and there are currently three trainers for this curriculum. This curriculum consists of skill sets necessary for the FSP to engage with the family, support the development of a "team", and provide education to the family.
- Funding sources have been evaluated by the CSMT. Each of the agencies represented on the CSMT are reviewing options to provide funding to support the training and mentoring efforts.
- There have been five new family members that have been trained, mentored and supported and now serve on state level workgroups for Mental Health Transformation.

Goal 2. Create a coordinated children's network of support.

Create a coordinated children's system of care to meet the multiple and changing needs of children and their families.

STRATEGIC THEME(S)	• Strong Local DMH Service Systems
STRATEGIES	1) Identify, with the CSMT, the formal infrastructure components of a mature local interagency team. 2) Develop, with the CSMT, a communication, monitoring, and technical assistance plan per stage/phase of development of the local sites.
PERFORMANCE MEASURES	1) A list of the formal infrastructure components of a mature local interagency team 2) A list of local interagency teams 3) A completed communication, monitoring, and technical assistance plan per stage/phase of development of the local sites

2007 – 08 Progress Update

The CSMT has initiated development of the components of the infrastructure necessary to support local interagency teams. Based on the content of the Quality Service Review, a committee of the CSMT is working to finalize the effort and develop strategies to support the expansion of local interagency teams.

- A document describing a mature interagency team was adapted from work previously done by the Department.
- The annual survey of local System of Care teams was completed. This survey provides an opportunity for local teams to request specific technical assistance from the CSMT.
- The CSMT is in process of an annual visit cycle with all local teams.
- A formal communication process was developed and communicated to the local teams.

Staff from the Department are enhancing this effort by obtaining support from each of the Divisions to commit their staff to broader participation in support of local interagency teams.

Goal 3. Support the healthy social-emotional development, learning and academic achievement of all children.

Support the healthy social-emotional development, learning and academic achievement of all children by identifying models for statewide implementation and mental health consultation via schools, early childhood programs, other community agencies and families.

STRATEGIC THEME(S)	• A Stronger Missouri Child Mental Health System
STRATEGIES	1) Identify current models or strategies used in schools and early childhood settings to promote healthy social-emotional development. 2) Identify current models or strategies used in schools and early childhood settings for mental health consultation to school and early childhood staff and families to support the child's healthy social-emotional development. 3) Identify current mental health services and service delivery mechanisms provided in schools and early childhood settings. 4) Identify sufficient and flexible funding streams to strategies 1-3. 5) Review evidence-based literature relevant to promotion, mental health consultation and mental health service delivery for all children. 6) Identify or develop potential funding sources or mechanisms for promotion, mental health consultation and mental health service delivery for all children. 7) Develop comprehensive written plan encompassing above strategies and lessons learned. 8) Submit plan to state leadership to include the Comprehensive System Management Team, the Mental Health Commission, the Office of State Courts Administration, the Department of Health and Senior Services and the Department of Elementary and Secondary Education.
PERFORMANCE MEASURE	1) A report to state leadership in FY 2008 recommending promotion, mental health consultation and mental health service delivery funding options based on evidence and agreed upon by a variety of statewide partners.

2007 – 08 Progress Update

- Staff from the Office of Comprehensive Child Mental Health and the Prevention Committee of the CSMT are finalizing a resource document that will be made available to Community Mental Health Centers, School Districts and other community child-serving agencies identifying mental health delivery models which can be used by schools and early care and education programs to deliver mental health services for children. The resource document will also include funding options and evidence-based literature to support the programs and services.
- A FY 2009 budget item for school-based mental health was supported by the Governor. However, the measure failed to receive Legislative approval in the appropriation process.
- MO HealthNet established four services as Medicaid reimbursable for children enrolled in the DMH Community Psychiatric Rehabilitation Program, however, no additional match funds have been obtained to date:
    - Day Treatment
    - Family Support
    - Family Assistance
    - Psychosocial Rehabilitation for Children and Youth
- Mo HealthNet approved the School-Based Mental Health Program to provide Medicaid funding for eligible children and eligible mental health services.
- DMH applied for a SAMHSA grant that would provide training to local providers for evidence-based trauma related assessments and services. Results of that application will be announced later this year.
- DMH Administrative Agent, BJC-Behavioral Health, is developing an evidence-based trauma initiative and a corresponding FY10 budget item has been submitted to the Governor's Office.
- The Transformation effort has convened a committee to define Missouri standards for evidence based practiced.

Goal 4. Create a practice model for children's mental health services.

Create a practice model for children's mental health services utilized by the state child-serving departments.

STRATEGIC THEME(S)	• A Stronger Missouri Child Mental Health System
STRATEGIES	1) Use Quality Service Review as the basis for developing the practice model. 2) Review, with the CSMT, practice models that other states have developed based on their Quality Service Review mechanism. 3) Develop a Missouri children's mental health practice model that can be endorsed by the state child-serving departments on the CSMT. 4) Develop an ongoing training mechanism for this model across state child-serving departments.
PERFORMANCE MEASURES	1) A list of practice models that other states have developed based on their Quality Service Review mechanism 2) A formalized practice model utilized by state child-serving departments

2007-08 Progress Update

- Following a search for Quality Service Review-based practice models in other states, a practice model for an individualized plan of care was developed by the Evaluation/Practice Committee of the CSMT. The practice model is based on the Quality Service Review developed by an interagency of the CSMT in 2006.

- The draft Practice Model for local system of care teams will be presented to the CSMT at the November meeting. The CSMT will review and determine if the model will be adopted for use by the member agencies.

Goal 5. Develop the OCCMH Workforce.

Build a competent and skilled interagency children's work force that will effectively provide mental/behavioral health services to those with, or impacted by, mental/behavioral health challenges.

STRATEGIC THEME(S)	• Strong Local DMH Service Systems
STRATEGIES	1) Create a statewide committee comprised of key stakeholders including parents and families as a Workforce Steering Committee. 2) Survey workforce for level of education, license and experience. 3) Identify needed strength-based culturally relevant core competencies (basic, intermediate and advanced). 4) Develop a comprehensive interagency workforce development and training plan. 5) Modify certification standards and contracts to incorporate core competencies. 6) Provide cross departmental, community stakeholder training. 7) Begin dialogue with state universities, community colleges and other professional training institutions regarding core competencies.
PERFORMANCE MEASURES	1) List of basic, intermediate and advanced strength-based culturally relevant core competencies 2) Number and percent of staff trained in basic, intermediate and advanced strength-based culturally relevant core competencies 3) List of partners in universities, community colleges and other professional training institutions

2007-08 Progress Update

The CSMT has not formalized the effort necessary to address the strategies associated with this goal. This work remains for the 2008-09 year.

The CSMT has addressed other components necessary in addressing the workforce issues as follows:

- The statewide System of Care Website, www.soc-mo.dmh.mo.gov was implemented this year. The Website includes information of interest to all audiences within the stakeholder community including families, youth, providers, agencies, schools, etc.
- A wraparound based, four-day Family Support training was conducted for direct line staff and supervisors.
- A Wraparound Ad Hoc Work Group was formed under the Evaluation Committee to bring together trained wraparound staff from the four federal cooperative agreements to formalize recommendations for implementing wraparound practices including policy changes and necessary staff development. The four federally funded system of care sites have been piloting High Fidelity Wraparound and have built capacity to support statewide expansion through the development of certified wraparound trainers.
- NAMI received a grant to connect the family organizations in the state related to child mental health issues.
- Family Bridges in southwest Missouri worked on sustainability and held its second annual statewide conference.
- An active group of families in St. Joseph are considering forming a formal organization.
- Family Advocacy and Community Training (F.A.C.T.) has completed a year-long, formal mentoring process with the St. Louis family organization, Our Voices Our Choices (OVOC)
- OVOC is preparing to hire its first Executive Director.
- Two youth groups have evolved:
    - Youth Standing Tall in southwest Missouri
    - Honesty Opens Peoples Ears (HOPE) in St. Joseph
- The Missouri Institute of Mental Health (MIMH) is developing a “Lessons Learned” document that will illustrate a historical perspective of Missouri’s system of care experiences.
- The quarterly System of Care Newsletter continues to be produced.
- Monthly Cooperative Agreement meetings continue with the addition of the SAMHSA technical assistance coordinator.

Chapter 7.
Office of Transformation

In FY 2008 the Office of Transformation used the findings and key goals of the President's New Freedom Commission on Mental Health as a foundation for public/private, consumer and family driven collaboration to create Missouri's Comprehensive Plan for Mental Health. The Substance Abuse and Mental Health Services Administration (SAMHSA) approved the plan in June 2008.

The primary focus of the Office of Transformation for FY 2009 is support of the Transformation Working Group (TWG), Implementation Teams, and others to complete the priority actions outlined in "Section 3: Initial Action Plan" of the Comprehensive Plan for Mental Health (CPMH). Five Implementation teams will launch in the first quarter of FY 09 and will continue their work in carefully constructed stages through 2011. The teams are addressing employment, evidenced-based practices, aging and mental health, housing, and prevention and public education. To track Transformation's progress and developments, follow the link to the Office of Transformation website at www.dmh.mo.gov/transformation/transformation.htm.

The strategies and measures cited in this section are not all-inclusive and only address those items for which the Office of Transformation has a direct leadership role.

Background

In February 2001, the President announced his New Freedom Initiative to promote increased access to educational and employment opportunities for people with disabilities, increased access to assistive and universally designed technologies, and full access to community life. The New Freedom Commission on Mental Health, established to explore the obstacles to mental health care, developed a report (see www.mentalhealthcommission.gov) that describes the extent of unmet needs and barriers to care.

In 2005, 40 states applied for competitive grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund Transformation Initiatives to address these unmet needs and barriers. Seven[1] states were awarded grants initially. Missouri and Hawaii were added in October 2006. All Transformation Initiatives are funded for

[1] States funded in 2005 include Connecticut, Maryland, New Mexico, Ohio, Oklahoma, Texas, and Washington.

five years with the requirement that in each state it must be a Governor's Initiative. The federal funding supports infrastructure required for each state's mental health system transformation, including planning, workforce development, evidence-based practice implementation, and technology enhancements.

Missouri's transformed mental health services will be:

- Informed by strong consumer and family input;
- Seamlessly delivered by public and private sector agencies through creative partnerships;
- Easily accessible throughout Missouri to all to persons of all ages and ethnic/cultural backgrounds;
- Supported through maximum, effective and non-duplicative use of all funding streams; and,
- Delivered and available statewide according to best practices with research accelerated for ongoing access to treatments and services proven to work.

Please note: Throughout the following Transformation goals, best practices in technology will be interwoven to ensure improved services at all levels.

Goal 1. Create pro-active, comprehensive public education and outreach to ensure Missourians understand that mental health is essential to overall health.

STRATEGIC THEME(S)	• Strong Consumer/Family Voice • Medical and Behavioral Service Integration • Strong Local DMH Service Systems
STRATEGIES	**1) Establish the Mental Health Promotion and Public Education Workgroup:** Charter a cross-departmental workgroup to guide the development and implementation of anti-stigma/public information campaign. • Establish subcommittees to advise and direct on key actions and initiatives • Establish small workgroup to meet with existing groups, i.e. Missouri Prevention Partners and other groups, at state level to identify related prevention actions and explore potential for partnerships. **2) Roll-out Mental Health Show-Me Series of programs**: RESPECT Seminars & Institutes, Mental Health First Aid, and Procovery are promoted to increase public knowledge, eliminate stigma, and empower Missourians to move their lives forward regardless of their illness or disability. Evaluate programs to ensure fidelity. **3) Establish a Pilot Training Program on Reducing Stigma and Increasing Cultural Competency:** • Conduct pilot training program in eastern region to change current culture of health care system by addressing barriers to quality care related to stigma and cultural competency. Initial eleven, two-day cross-agency trainings targeted for April, with three planned follow-ups. Respect Seminars will be combined with Cultural competency curricula. • Evaluation will guide statewide expansion in year two in partnership. **4) Develop a Transformation communications and accountability plan:** Enhance the Transformation web site, produce regular briefings, and produce an annual report.
PERFORMANCE MEASURES	1) Mental Health Promotion and Public Education Workgroup implements actions outlined in its charter and provides reports and recommendations to TWG.

	2) A comprehensive public awareness/anti-stigma plan promoting public mental health to focus on risk and protective factors and build resilience across the lifespan is completed. 3) The number of individuals who complete RESPECT training and the number of organizations that sponsor training or request consultation. 4) Number of consumers and family members who complete the 4-day Respect Institutes. 5) A plan is developed for a Peer Speakers Bureau in Missouri as a component of a public information campaign in partnership with advocacy organizations. 6) Development of Mental Health First Aid-USA manual and curricula with national partners. 7) The number of individuals trained and certified to be Mental Health First Aid instructors. Also, the number of MHFA sessions completed, along with number trained and certified in mental health first aid. 8) The number of trained Procovery facilitators and number of Procovery circles. Development of Business sustainability plan for continued program operation. 9) The number of organizations represented in the Reducing Stigma and Cultural Competency Pilot Training Program in the St. Louis area with St. Louis Regional Health Commission. Evaluation will guide statewide partnership with MO Coalition of CMHCs in FY10. 10) Production of an annual report, number of regular briefings produced, and properly maintained web site.

Goal 2. Incorporate the voice, leadership and feedback to ensure Missouri's mental health care is consumer- and family-driven.

STRATEGIC THEME(S)	• "Do No Harm" • Strong Consumer/Family Voice
STRATEGIES	1) **Consumer Principles for Practice Workgroup:** Charter a Consumer Principles for Practice Workgroup to review the "Practice Guidelines for Consumer-Directed Services and Supports" developed in 2002 by the Department of Mental Health. 2) **Peer Specialists Training and Certification:** Train primary consumers to provide direct services within the CPS provider network using training and certification model developed by Larry Frick/Appalachia Consulting for the State of Georgia. 3) **Consumer, Family and Youth Leadership Training:** Hold workshops to engage emerging leaders by taking a journey through the process of telling their stories to becoming leaders who promote systems change. Participants explore the difference between advocacy and leadership and when to use the different approaches. The workshop provides examples of the supports that may be needed for participants to participate on teams and committees. 4) **Transitional Youth:** Develop a plan to establish a workgroup or committee within current management team/workgroup structure to begin development of system of care to meet needs of transitional youth. Recommend structure to TWG.
PERFORMANCE MEASURES	1) Workgroup established to review the" Principles for Practice Guidelines." Results of review shared with all state human services agencies to review and adopt as appropriate to the populations served. Workgroup implements actions outlined in its charter and provides reports and recommendations to TWG. 2) Peer Specialist training completed by 40 primary consumers in FY09. Two Missouri trainers identified, trained and mentored to continue annual training and foster sustainability. 3) Number of consumer/family and youth participants attending statewide consumer/family and youth leadership summit in FY09. Planning committee established for statewide

	conference to be held in following year. 4) A Youth Leadership Initiative established as an advisory group comprised of transitional youth ages 16-24 to advise on mental health policies, services, and opportunities relevant to their needs and interests.

Goal 3. Identify, address and eliminate disparities in Missouri's mental health services.

STRATEGIC THEME(S)	• Strong Consumer/Family Voice • Medical and Behavioral Service Integration • Strong Local DMH Service Systems • Mental Health Workforce and Leadership Development for the Future
STRATEGIES	1. **Employment Workgroup:** Charter workgroup to begin implementation of employment strategies. Review current state rules, regulations and financing policies and recommend revisions as appropriate to increase consumer employment and financial independence without losing necessary services and supports 2. **Housing Workgroup:** Charter workgroup to identify current resources and gaps in affordable and integrated housing and begin implementing housing strategies. Review current state rules, regulations and financing policies and recommend revisions as appropriate to increase consumer access to an array of housing options for persons with disabilities. 3. **Older Adult Workgroup:** Charter workgroup to identify the components to be included in an operational plan for older adults that articulates the components of the Mental Health Transformation Plan. This plan will aim toward the development of a system of care for older adults. 4. **Coordinating Care for High Utilizers Pilot:** Partner with Eastern Region Behavioral Health Initiative to develop and implement cross-agency "coordinated care plans" for identified high users of care in Eastern region. 5. **Workforce Development Plan:** Review Annapolis Coalition Action Plan recommendations and current SAMHSA priorities for workforce development.
PERFORMANCE MEASURES	1) Establish workgroups chartered by the TWG. Workgroups to implement actions outlined in their charters and provide reports and recommendations to TWG. Workgroups include the following: a. Employment workgroup to implement actions outlined in CPMH and identified through workgroup expertise and in collaboration with Johnson & Johnson initiative.

	b. Housing workgroup to implement actions outlined in CPMH. c. Older Adults Workgroup. Contract secured with national expert in mental health and aging issues to provide technical assistance to the group. 2) Key stakeholders identified to propose next steps in implementing the system of care plan for older adults in local communities. 3) Coordinated Care Plan piloted and evaluated for high users of care in the Eastern region. 4) Initial scope and steps developed for workforce development plan

Goal 4. Infuse early mental health screening, assessment, and referral to services as part of common health practice in Missouri.

STRATEGIC THEME(S)	• "Do No Harm" • Strong Consumer/Family Voice • Medical and Behavioral Service Integration • Missouri Child Mental Health Leadership • Data-Based Decision-Making • Strong Local DMH Service Systems • Mental Health Workforce and Leadership Development for the Future
STRATEGIES	1) **Improving Entry Pilot:** Partner with Eastern Region Behavioral Health initiative to develop and pilot a standardized screening tool and referral protocols across mental health and substance abuse providers in Eastern region. Evaluation will guide further refinement and potential for statewide expansion.
PERFORMANCE MEASURES	1) Screening tool developed, piloted and evaluated.

Goal 5. Deliver excellent mental health care and accelerate research in Missouri with a balanced portfolio of evidence-based practices (EBP).

STRATEGIC THEME(S)	• Strong Consumer/Family Voice • Data-Based Decision-Making • Strong Local DMH Service Systems • Mental Health Workforce and Leadership Development for the Future
STRATEGIES	1) **Establish Evidence Based Practices Workgroup** chartered by TWG to establish definition and criteria for implementing evidence-based practices in Missouri including criteria to address how to handle service to science advances 2) **Capacity Development Analysis:** Using information contained in Needs Assessment and Inventory of resources, conduct system capacity analysis. • Identify required service array inclusive of peer and family support and education service across continuum based upon prevalence, identified need and review of available evidence. • Perform gap analysis of need and resources to include gaps related to culture, geography and age. • Develop appropriate criteria to identify true waitlist for services consistent with model used by DD division. Project scope will be phased over next two years.
PERFORMANCE MEASURES	1) Evidence Based Practices workgroup implements action outlined in its charter and provides reports and recommendations to TWG. (**Note:** In DMH CPS, EBP programs are progressing and feedback loop established.) 2) Service array need identified. 3) Gap analysis performed. 4) Criteria identified to determine true waitlist for services.

Goal 6. Ensure Missouri communities are proficient in meeting local mental health needs.

STRATEGIC THEME(S)	• Strong Consumer/Family Voice • Medical and Behavioral Service Integration • Data-Based Decision-Making • Strong Local DMH Service Systems
STRATEGIES	1) **Regional Collaboratives:** Develop partnerships and incentives to implement regional collaboratives that integrate mental health with overall local community health planning and initiatives. Based on initial successful partnership with St. Louis Regional Health Commission in Eastern region, develop principles and criteria to expand collaboratives that can be adapted to fit local needs in other areas of the state and achieve broader transformation goals. Initiate partnership agreements with two additional regional areas. Work with local private foundations to support and leverage change efforts Create consistent and flexible policy/practices across state agencies that are informed by consumers and local needs. 2) **State-Local Infrastructure Development Plan:** Support TWG subcommittee established to a. Review current state and local cross-departmental initiatives, statutory mandates and department regulations. b. Establish preliminary criteria for formal partnership agreements with local bodies. c. Engage local leaders in dialogue to determine state-local infrastructure development. Consider mini-policy academy format or summit. 3) **Community of Hope Pilots:** Develop criteria and proposal to provide seed funding to local communities to begin process of community assessment and capacity building. Identify state and local partners and linkages with public education actions. Provide recommendations to TWG for implementation.
PERFORMANCE MEASURES	1) Preliminary plan developed on behalf of TWG. 2) Number of partnerships and collaboratives developed 3) Recommendations made to TWG and HSCC for enduring state and local infrastructure to continue transformation efforts beyond grant to include cross-departmental structure for consumer input.

2007-08 Progress Update

The Comprehensive Plan for Mental Health was submitted to SAMHSA by the March 31, 2008 deadline and was approved by Federal partners in June 2008. Chapter 3—Action Plan highlights initial implementation strategies.

Please note: Throughout the previous Transformation goals, best practices in technology will be interwoven to ensure improved services at all levels.